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URGENT

DATE: May 25, 2007

Your Ref:10/681639

Our Ref: 12927-7 LAB

TO:Commissioner for Patents United States Patent & Trademark Office	FAX #	PHONE #
	571 273 8300	

Total Number of Pages (Including This Page): 4

FROM: Dr. Lola A. Bartoszewicz, Ph.D. / 416 849 8420

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PTO/SB/21 (04-07)

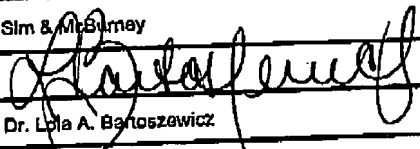
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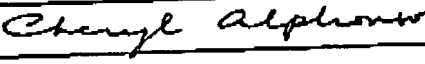
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/681639
	Filing Date	October 8, 2003
	First Named Inventor	Shi Qinxue
	Art Unit	1841
	Examiner Name	Yu, Melanie J.
	Attorney Docket Number	12927-7 LAB
Total Number of Pages In This Submission		3

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____ Response to Notice Requiring Excess Claims Fees		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Sim & McElmurray		
Signature			
Printed name	Dr. Lola A. Bartoszewicz		
Date	May 25, 2007	Reg. No.	43394

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			Date
Typed or printed name	Cheryl Alphonso		May 25, 2007

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T-288 P.003/004 F-026

PTO/SB/17 (05-07)

Approved for use through 05/31/2007. OMB 0651-0032

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 100.00

Complete if Known

Application Number 10/681639
Filing Date October 8, 2003
First Named Inventor Shi Qinwei
Examiner Name Yu, Melanie J.
Art Unit 1841
Attorney Docket No. 12927-7 LAB

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 19-2253 Deposit Account Name: Sim & McBurney

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	300	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fees Paid (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fees Paid (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$) _____ Fee Paid (\$) _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Response to Notice Regarding Excess Claims Fees

\$ 100.00

SUBMITTED BY

Signature

Name (Print/Type) Lola A. Bartoszewicz

Registration No. 43394
(Attorney/Agent)

Telephone 416 849 8420

Date May 25, 2007

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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875Application or Docket Number
10/681639**APPLICATION AS FILED - PART I**

(Column 1)

(Column 2)

(Column 1)			(Column 2)			
FOR		NUMBER FILED	NUMBER EXTRA			
BASIC FEE (37 CFR 1.18(a), (b), or (c))		N/A	N/A			
SEARCH FEE (37 CFR 1.18(k), (l), or (m))		N/A	N/A			
EXAMINATION FEE (37 CFR 1.18(a), (p), or (u))		N/A	N/A			
TOTAL CLAIMS (37 CFR 1.16(f))		minus 20 =	*			
INDEPENDENT CLAIMS (37 CFR 1.16(h))		minus 3 =	*			
APPLICATION SIZE FEE (37 CFR 1.16(s))		If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE (\$)	FEE (\$)
N/A	
N/A	
N/A	
X =	
X =	
N/A	
TOTAL	

RATE (\$)	FEE (\$)
N/A	
N/A	
N/A	
X =	
X =	
N/A	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(n))	39	35	4
Independent (37 CFR 1.16(n))	0	3	0
Application Size Fee (37 CFR 1.16(s))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))			

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE (\$)	ADDITIONAL FEE (\$)
X 25.00 =	100.00
X 200.00 =	0.00
N/A	
TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
X =	
X =	
N/A	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(n))			
Independent (37 CFR 1.16(n))			
Application Size Fee (37 CFR 1.16(s))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))			

RATE (\$)	ADDITIONAL FEE (\$)
X =	
X =	
N/A	
TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
X =	
X =	
N/A	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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